



HOUSING BOARD OF REVIEW

City of Burlington

City Attorney's Office, Room 11, City Hall

Burlington, Vermont 05401

Telephone: (802) 865-7122

TTY: (802) 865-7142

REQUEST FOR HEARING RELATED TO SECURITY DEPOSIT

The information on this form should be complete and accurate.

(The form will be copied and available to all parties)

TENANT'S NAME: _____

OWNER'S NAME: _____

Tenant's Present Mail Address:

Owner's Mailing Address:

Tenant's Phone Number:

Owner's Phone Number:

Address of Rental Unit in Question:

Written Lease: _____ (yes or no)
(Attach a copy if available)

Amount of Security Deposit: _____

Person Requesting Hearing: _____

Date Tenant Occupied this Unit:
From: _____ To: _____

Monthly Rent: _____

Reason for Requesting Hearing: _____

Is there any other court proceeding currently pending related to this matter? _____

If yes, please give the case name, name of the court, and docket number if available: _____

PLEASE RETURN THIS FORM TO:

CLERK/TREASURER'S OFFICE, CITY HALL

149 CHURCH STREET BURLINGTON, VT 05401

ATTN: SECURITY DEPOSIT

THIS REQUEST MUST BE FILED WITHIN 30 DAYS OF THE RECEIPT OF NOTICE OF THE OPPORTUNITY TO REQUEST A HEARING OR, IN THE ABSENCE OF SUCH NOTICE, WITHIN 44 DAYS OF THE DATE THE TENANT VACATED OR ABANDONED THE RENTAL UNIT.